

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number
10/527649

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. or ISA = \$ 50 / \$ 100 All other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	<i>32</i> minus 20 =	<i>12</i>
INDEPENDENT CLAIMS	<i>4</i> minus 3 =	<i>1</i>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
RATE	Fee	RATE
BASIC FEE		OR BASIC FEE <i>300</i>
EXAM. FEE		EXAM. FEE <i>200</i>
SEARCH FEE		SEARCH FEE <i>400</i>
X \$ 125 =		X \$ 250 =
X \$ 25 =		OR X \$ 50 = <i>600</i>
X \$ 100 =		OR X \$ 200 = <i>200</i>
+ \$ 180 =		OR + \$ 360 =
TOTAL		OR TOTAL <i>1700</i>

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <i>32</i>	Minus	** <i>32</i> = <input checked="" type="checkbox"/>
Independent	* <i>4</i>	Minus	*** <i>4</i> = <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE
X \$ 25 =		OR X \$ 50 = <input checked="" type="checkbox"/>
X \$ 100 =		OR X \$ 200 = <input checked="" type="checkbox"/>
+ \$ 180 =		OR + \$ 360 = <input checked="" type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE <input checked="" type="checkbox"/>

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <input checked="" type="checkbox"/>	Minus	** <input checked="" type="checkbox"/> = <input type="checkbox"/>
Independent	* <input checked="" type="checkbox"/>	Minus	*** <input checked="" type="checkbox"/> = <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X \$ 25 =		OR X \$ 50 = <input checked="" type="checkbox"/>	
X \$ 100 =		OR X \$ 200 = <input checked="" type="checkbox"/>	
+ \$ 180 =		OR + \$ 360 = <input checked="" type="checkbox"/>	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE <input checked="" type="checkbox"/>	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.